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## \*BIBDATASHEET\*

Bib Data Sheet

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/234,273 09/04/2002 ABN  
 which is a CON of 09/931,680 08/16/2001 PAT 6,468,968  
 which is a CON of 09/552,634 04/19/2000 PAT 6,306,825  
 which is a CON of 09/350,560 07/09/1999 ABN  
 which is a DIV of 09/047,056 03/24/1998 PAT 5,977,066  
 which is a DIV of 08/471,301 06/06/1995 PAT 5,759,997  
 which is a CON of 08/163,193 12/06/1993 PAT 5,639,724  
 which is a CON of 07/940,119 09/03/1992 ABN  
 which is a CON of 07/822,375 01/17/1992 ABN  
 which is a CON of 07/481,082 02/16/1990 ABN

*[Signature]*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 8903804.6 02/20/1989

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR  COUNTRY SWITZERLAND	SHEETS  DRAWING 0	TOTAL  CLAIMS 37	INDEPENDENT  CLAIMS 2
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ADDRESS  
 001095  
 NOVARTIS  
 CORPORATE INTELLECTUAL PROPERTY  
 ONE HEALTH PLAZA 430/2  
 EAST HANOVER, NJ  
 07936-1080

TITLE Novel cyclosporin galenic forms		
FILING FEE  RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit